



Rowan County Building Inspections Department

402 N. Main St. Suite 207 Salisbury, NC 28144

Office 704-216-8619 Fax 704-638-3130

Application for Temporary Utility Service

Application Date: _____

Application is made for: ☐ Electrical ☐ Gas Service

Power/Gas Company: _____

Service in the name of: _____

Job Site Address: _____

I, the undersigned hereby request temporary service for _____ days (90 days maximum) from the above date upon approval by Rowan County Building Inspections Department, and further request that on the following day after the temporary service expires that the service be disconnected unless a permanent Certificate of Occupancy has been issued.

I, do hereby, release and agree to indemnify, save and hold harmless Rowan County, its employees, and the Utility Company from any and all liability due to or arising from the Rowan County Building Inspections Department causing the utility service to the above mentioned premises to be connected or disconnected. Temporary service is issued solely as a courtesy for the completion of construction and the building is not to be occupied until a Certificate of Occupancy is issued or unless agreed upon in writing by the inspector. Any violation of the above will automatically void temporary service. I accept sole responsibility for safeguarding of persons and property from hazards arising from the use of electricity or gas delivered by said utility

I, accept sole responsibility to extend time by way of a new application. Otherwise, as of the expiration date, the power/gas will be terminated with no further notification from the Rowan County Building Inspections Department.

Expiration Date: (Application date + number of days requested) _____

Owner or Authorized Agent Signature: _____

Electrical Contractor Name/Company: _____ License # _____

Electrical Contractor Signature: _____

Mechanical Contractor Name/Company: _____ License # _____

Mechanical Contractor Signature: _____

For Credit Card Payment (Visa or MasterCard only)

Card # _____

Exp. Date _____

CSC# (3 digit PIN on back of card) _____